

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		4/2/99
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	57	4-13-99
FORMALITY REVIEW	<i>[Signature]</i>	59229	4/19/99

mp resp

09

INDEX OF CLAIMS

8/12/99

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	5/1/99
2	7/1/99
3	7/1/99
4	7/1/99
5	7/1/99
6	7/1/99
7	7/1/99
8	7/1/99
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47	7/1/99
48	7/1/99
49	7/1/99
50	7/1/99

Claim	Date
Final	
Original	
51	7/1/99
52	7/1/99
53	7/1/99
54	7/1/99
55	7/1/99
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93	7/1/99
94	7/1/99
95	7/1/99
96	7/1/99
97	7/1/99
98	7/1/99
99	7/1/99
100	7/1/99

Claim	Date
Final	
Original	
101	
102	
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here